

## **GS1 HPAC webinar – HTG Update**

### **Additional questions to speakers**

#### **Q. You mention an education programme of your hospital staff, what did this entail?**

- Intermountain: Patience! Identifying benefits to the clinician (patient safety, comparative analysis/outcome), eventual regulatory compliance. Finding a clinical champion and working with each group to trickle the message down i.e. OR, Cath Lab, Imaging, Med/Surg
- Mercy: Similar to Intermountain, we identified a Clinical and Leader- Champion to assist in carrying the message throughout their facilities and then with success through our organizations. In addition, we spent a lot of time educating our senior leadership and Operations teams to ensure they understood the benefits to the patient as well as to Mercy and our staff
- Geisinger Health System: GS1 & UDI training is currently core supply chain staff that run item master and EDI. We have done high level leadership awareness training in IT, EPIC, and Billing

#### **Q. Was there one key thing that triggered beginning this journey of implementing GS1; was it the same or different for each of the HTG member hospitals?**

- Intermountain: At Intermountain we were just extremely naïve in the 1990s when the DOD declared there must be a standard and programmed our systems to handle the standard. It has been a passion to embrace data standards, improve patient safety, the supply chain efficiency and link the data for better outcome analysis.
- Mercy: For us the trigger was the Perfect Order project, followed by the deployment of Point of Use and our work with the Harvard - UDI project. While we understood the value of standards in our supply chain, these three initiatives cemented for us the need for standards adoption
- Geisinger Health System: Our COO said in the late 90's, after EPIC implementation, data standards are a "No Brainer"

#### **Q. It is usually procurement (and IT) staff who are engaged in implementing GS1 standards, how did you engage the clinical / nursing and management staff engaged?**

- Intermountain Joint initiatives. The OR started around a joint initiative to improve inventory management and soon led into also providing the physicians more information about their impact.
- Mercy: Mercy has a core team called Performance Solutions whose role spans across the organization with ties to supply chain, operations, finance and clinical informatics. This space offered us the opportunity to access a variety of roles and venues for us to socialize our message.
- Geisinger Health System: We are trying to recreate the Mercy/Dr. Drozda Cath Lab project, and have engaged the key stakeholders.

#### **What has been the biggest barrier for each of your organisations to overcome in this initiative, how did you overcome them?**

- Intermountain: Internal - Priorities amongst the other groups, visibility/education. It is an ongoing effort to keep it in the forefront of discussions on new projects, implementations, etc. External – Suppliers not barcoding their product or not barcoding at the unit of use. In our last sampling only 50% had a usable label for our clinicians to scan.
- Mercy: Conflicting initiatives is a big conflict, but so is change within the clinical areas. Change management and communicate with the clinicians and operations teams is by far the best way to mitigate barriers
- Geisinger Health System: We had to assess system readiness to Identify, capture, and ultimately share the data. We had to upgrade Lawson, our ERP, verify QSight, our Point of Use system, and we are now looking in to the POU scanning in the OR. These systems need to enable passing the information to our EHRs and the Billing records.

**Q. Have you experienced any unexpected benefits, or any serendipitous moments related to implementation of GS1 standards.**

- Intermountain: The cleansing of both our files and the supplier files as we implemented GLN.
- Mercy: The best benefit for us has been in our Cath labs where scanning adoption has taken off mainly due to the adoption of standards and the clamor of clinicians to move to vendors who have standards.
- Geisinger Health System: We are seeing tremendous cleansing with GLN, and as we load GTINs we are seeing cleansing in ours and the suppliers master data

**Q. What would be your key advice to other providers beginning the journey of implementing GS1 standards?**

- Intermountain: START – do something, even if you are held back by your own system limitations, even if you can't transaction, you can be a proponent for labeling, you can clean up your files. Let the solution providers and suppliers know you want it. We need more providers to learn, speak up, engage.
- Mercy: Engage your key stakeholders and spend time working through with champions.
- Geisinger Health System: Agree with IM, get started, get engaged with your GPO if you have one, they can help guide if they have been engaged with other providers.

**Q. Is there anything you have done collectively or as individual organisations that you wouldn't have done or would do differently?**

- Intermountain: Educate internal supply chain earlier; C-suite advocate has been huge benefit
- Mercy: We would spend even more time in Change Management and education of our leadership/GPO
- Geisinger Health System: Still trying to figure out how to scale the implementation faster... Senior vision is a must!

**Q. Is HTG supportive of HIBCC barcoding over the long term, or is the direction and intent to fully convert suppliers to GS1 standards? As a supplier, need to know the direction so that appropriate decisions can be made quickly and in-line with UDI timelines**

- Intermountain: While we have had to ensure our software and barcode readers can support HIBCC, it is not preferred and impacts the clinician, training and adoption. The industry needs one standard!
- Mercy: I echo the group on this one... The industry needs one standard.
- Geisinger Health System: From the clinician point of view the system must be agnostic and must work, the drive to GS1 is the need to do this with automation, and the data pool makes that possible.

**Q. Is HTG also considering leveraging the new US Federal legislation (DSCSA) to take advantage of barcodes on Pharma items that will also carry extended production information such as Lot, Expiry, and Serial Number? If so, do you prefer the GS1 standards, or will you also entertain other barcode standards**

- Intermountain: Yes and still prefer GS1 standard
- Mercy: Yes and still prefer GS1 standard
- GHS: GS1 NDC is only standard we are aware of in this space, and we have to be in the DSCSA game.

**Q. Is the HTG flexible in timing of their request for supplier compliance, notably to align expected dates with the various UDI and DSCSA timelines? It is difficult to pull some of these renovations forward while trying to also meet the regulatory guidelines. Can you elaborate on your current thinking in this regard?**

- Intermountain: We want compliance as soon as possible and are pushing for early adopters. Some contracting language penalizes for noncompliance and/or shifts preference to those who are compliant
- Mercy: We are looking for early adoption to drive toward mass adoption. Adoption of standards is essential to our organizations scanning and documentation strategy. We are driving our GPO to contract with GS1 compliant suppliers whenever possible.
- Geisinger Health System: Looking for early adoption to drive peer pressure towards mass adoption!